

Company Name: ___

QUALIFIED PRODUCT INFORMATION FORM FOR

PROGRAMMABLE THERMOSTATS

Product Contact Information (for public requesting product information)

ENERGY STAR® product information form for use by ENERGY STAR qualified programmable thermostat partners (Companies who have joined ENERGY STAR for programmable thermostats by signing a Partnership Agreement)

You may use this form to report only those products that are sold under your company's brand name. If your firm sells its models to another company that uses its own brand name, that company must join the program and report its own products. Information from this form will be added to the list of ENERGY STAR qualified programmable thermostat products. Please complete this form and fax it back to ENERGY STAR, c/o ICF Consulting, (202) 862-1144 with ATTN: Priya Barua. If you need additional space, please copy this form.

(As listed in Partnership Agreement)										
					Name: _					
Tested by:	(Name of Firm or Self-Tested)				Tel:			Fax:		
	(Name of Firm or Self-Tested)									
	Email:									
Additions t	o Oualifvi	ng Produc	te Liet·							
fanufacture Name Frade Jame)	Product Family Name	Product Type (e.g., Heat Pump, Line Voltage)	User Interface Types (Dot Matrix, Menu- Driven, Dial, etc)	Degree Swing (e.g., +/-2)	Pre- Comfort Recover y (Y or N)	Weeken d and Weekda y Program (Y or N)	Four Events Per Day (Y or N)	Installed Cycle Rate is Saved Through Power Outages (Y or N)	Meets Setpoint s in Table 1 (Y or N)	Model Series ¹
Is product shi				_ on Intern	et site?		on pr	oduct packag	ina?	
If answer to a							_		_	
Please sign be					D .					
Signature:					Date: _					
Printed Name:										
Thank you for y (1-888-STAR-Y			_		_	he ENERGY	STAR Hot	tline		